POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*MM*	*7091*	*9/24*
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.S	373	10-26-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
— (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim Final	Original	Date							
1	✔ 9/22/00								
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If more than 150 claims or 10 actions
staple additional sheet here

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